OFFICE OF STATE

FORMAL COMPLAINT

Illinais Commerce Commission 527 E. Capitol Avenue Springfield, Illinais 62701 For Commission Use Only:
Case: 03-087

ORIGINAL

Regarding a complaint by (Person making the complaint): FRANK C BASIC TR
Against (Utility name): PeoPles GAS
As to (Reason for complaint) NON READ ING OF METERS OF SES
OFFICE SOFFICE
in CHICAGO Illinois.
TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:
My mailing address is PFF MANAUE MENT PO BOX 2234 DANIEN 16605
The service address that I am complaining about is 6101-05 S ROCKWELL
My home telephone is
Between 8:30 A.M. and 5:00 P.M. weekdays, I can be reached at $[773] 544 2007$
(Full name of utility company) Peoples Gas (respondent) is a public utility and is subject to the provisions of the Illinois Public Utilities Act.
In the space below, list the specific section of the law, Commission rule(s), or utility tariffs that you think is involved with your complaint.
The GAS company charges Afree monthly they Are responsible to Rear themeter
Are responsible to Reas themeton
Have you contacted the Consumer Services Division of the Illinois Commerce Commission about your complaint?
Has your complaint filed with that office been closed?

ovtra choot at again it acaded	phs. Please include time period and dollar amounts involved with your complaint. Use an
Peoples GAS 010 not read	my mater For 18 months There own
the buliding for lover	And they have had Access All thas
time when they finally road	the meter the wor just started
and get us a \$ 100 a t	herm I wood 10000 therms see I
Lus charged \$10,000 and	told since I had denterma onergy
my ges could not be	provated eva though most of
that gus was used in t	my meter FOR 18 months Thave owner And they have had access All that the motes stated have been Just stated harm I wood 10000 sherms so I tald since I had dontame onergy fractal eva though most of he summer at 34t & therm
Please clearly state what you want the Commission to do in this of for all that extra manay	1 get then to reinlevered me
	<i>1</i>
Date: 10-29-03 (Month, day, year)	Complainant's Signature Fuls 3.see
If an attorney will represent you, please give the attorney's name,	addenses, and talachers number
, an account of the country of pioons give the accountry a marite,	and east and resolutions limitibal.
You need to file the original with the Commission. Also, provide on	e copy for each utility complained about (referred to as respondents).
	VERIFICATION
A notary public must witness the completion of this part of the fo	· · · · · · · · · · · · · · · · · · · ·
William & Adrian	
The contents of this petition are true to the best of my knowledge.	, first being duly sworn, say that I have read the above petition and know what it says.
(Signature) Rella Paria	
Subscribed and sworn/affirmed to before me on (month, day, yea	Oct 29.03
Mel Pala	and the second of the second o
Notary Public, Illinois	OFFICIAL SEAL { WILLIAM R ADRIAN }
w .	MOTARY PUBLIC STATE OF ILLINOIS MAY COMMISSION OF PERSON 28/04

NOTE: Failure to answer all of the questions on this form may result in this form being returned without processing. If you have questions, please call the counselor in the Consumer Services Division that handled your informal complaint.

VERIFICATION

I, Frank L. Basic, Jr., first being duly sworn, say that I have read the above petition and know what it says. The contents of this petition are true to the best of my knowledge.

Frenk 2 Bosso A)
Signature

20 03.

Notary Public

OFFICIAL SEAL

NOTARY PUBLIC, STATE OF ILLINOIS